

NS/INC21006737/T1qc

REF:

INC

ASS. REC. BY:

Taufik

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. **MT/1134612-002**

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: **2** days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: **Lim TS**

Vehicle: IN / OUT

Veh No: **SHC8256R** Yr Regn: **2021, Jan**Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Taxi / Prime Mover /

Truck / Trailer or

Make: **Hyundai i30** C.C. **1580**Colour **Blue** A/C: Insured / Std / NI / NASp. Reading **3527** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **KMHC851CVL4191823**Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: **195/65R15**R: **2 -**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or **Wentlake**Front **6** mm Rear **6** mmR/Bal. **6** mm L/Bal. **6** mmD.O.A. **15/6/21 @ 4pm**Survey held at **Comfort loggia**Des. of Damages: ☒ Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
25/06/21 @ 1.32pm	Taufik finalised with Mr Lim final fig \$799.90, 2 days. (Red \$1589.60, 67%)

Date/Time, File Pass to?

☐ : Preli. Report1) **28/06 Typist**☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: **TP**Lump Sum / B.B. / **799.90**Days Of Repair: **2**Resurvey No. of Trip: **1**Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. \$ _____

Photos

Others

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

Date: 15.06.2021

REPAIR ESTIMATE

Time: 14:06:49

Page: 1

NTUC - P/P/
LKK -

IS

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305473619
 REGN NO : SHC8256R
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G3)
 DATE OF REGN : 08.01.2021
 DATE/TIME IN : 14.06.2021 14:20
 ACCIDENT DATE : 14.06.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001	FNPS	FRT NO PLATE W/TRIM CVR	1 N	55.00 10.00 49.50
0002	04-01-0104-0578-G	FRT BUMPER	1	430.90 20.00 344.72
0003	04-01-0104-2696-G	RADIATOR GRILLE	1	1,409.10 20.00 1,127.28
0004	04-01-0101-0111-G	FRT BUMPER CLIPS	10 L	22.00 20.00 17.60
0005	04-01-0104-2701-G	FRT LICENSE PLATE BASE	1	188.00 20.00 150.40

SUB-TOTAL : 1,689.50

JOB NATURE

0000	PB	PANEL BEATING	400.00
0001	SP	SPRAYPAINT CHARGE	300.00

SUB-TOTAL : 700.00

TOTAL : 2,389.50

MVA NAME & SIGNATURE

DATE :

SURVEYOR NAME & SIGNATURE

AUTHORISED : YES / NO

UMFS
 Tauphin 97495749
 'UP' 15/6/21 @ 4pm
 P/P Resurvey after repair
 2 days
 Tauphin @ LKK Auto-wa

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
 Signature:
 Date:

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305473619

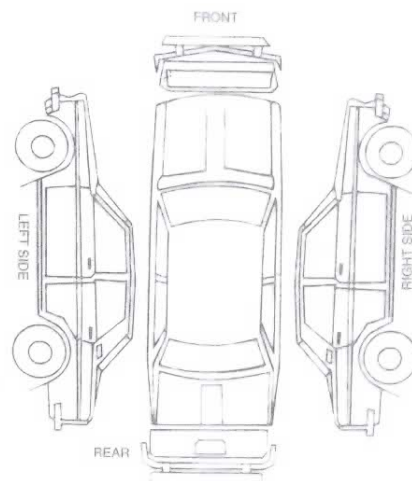
COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (P) (O)	REGN NO.: SHC8256R MAKE : HYUNDAI MODEL IONIQ(G3) YR OF MANU 08.01.2021 CHASSIS CODE KMHC851CVLU191823	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 14.06.2021 14:20 TARGET DATE COMPLETION DATE/TIME:
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Accident Date: 14.06.2021
NATURE: 3P 14.06.2021

JOB DESCRIPTION

S/NO LABOR CODE

DESCRIPTION



KEYED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Handover Slip

Exit Pass

Vehicle No.: SHC8256R LIMITS

Vehicle No.: SHC8256R

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	15/06/2021 11:22 (SGT)
Date of Accident	14/06/2021 13:15 (SGT)
Exact Location of Accident	358 Hougang Ave 5, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8256R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-90661477
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1580

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419138
Cover Note Number	-

DRIVER

Name of Driver	AHMAD BIN HALUS
NRIC No	SXXXX631Z

Date Of Birth	11/10/1964
Occupation	Outdoor
Date Of Driving Pass	05/01/1985
Driving experience	36 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90661477
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 109 WOODLANDS STREET 13
Address complement	#01-146
Postcode	SINGAPORE 730109
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head on collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 14/06/2021 AT ABOUT 1315 HRS, I WAS DRIVING MY VEHICLE A (SHC8256R) AT BLK 358 HOUGANG AVE 5 OSCP. AS I WAS TURNING LEFT TO EXIT, VEHICLE B (SJQ5592S) DID A SHARP RIGHT AND COLLIDED HIS VEHICLE FORNT ONTO MY VEHICLE FRONT. NO ONE WAS INJURED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ5592S
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHNG CHUN KEONG

Contact Number	(Phone) +65-92739486
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

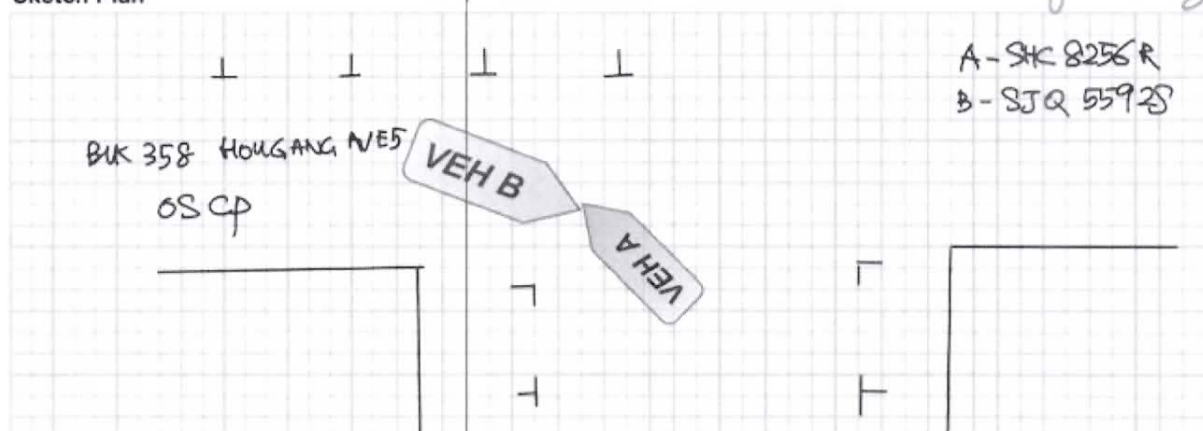
SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

ON 14062021 ABOUT 1315HRS I WAS DRIVING MY VEH A SHC8256R AT BLK 358 HOUGANG AVE 5 OSCP. AS I WAS TURNING LEFT TO EXIT, VEH B SJQ5592S DID A SHARP RIGHT AND COLLIDED HIS VEHICLE FRONT ONTO MY VEHICLE FRONT. NO ONE WAS INJURED.

Declaration

I/We declare the foregoing particulars are true in every respect.




Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 14.06.2021 1450HRS

Witnessed by Reporting Centre Personnel Kymie Yang